MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08498

08498

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Street, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Street Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Edward (Last) Anderson

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Jan. 20 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Crop Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. Anderson

14. MOTHER'S MAIDEN NAME: Ann Dingleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Edwin Anderson, Street, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Suddenly

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocarditis — 3 yrs

19A. DATE OF OPERATION: No

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1954 to Sept. 11, 1954 that I last saw the deceased alive on Sept. 10, 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED

R. R. Longfellow — Darlington Md. 9/12/54

23. BURIAL, CREMATION, REMOVAL (specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Sept. 13 1954 | Dublin Cem | Harford Co. Md.

DATE RECD BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Sept. 12, 1954 | C. W. Kirk | H. S. Bailey | Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
SEP 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08499 **CERTIFICATE OF DEATH** Reg. Dist. No. 180 08499

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place) 50 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Bechtold

4. DATE OF DEATH: (Month) Sept. (Day) 15, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 27, 1873

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Magnolia, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Banglesdorf

14. MOTHER'S MAIDEN NAME: Elizabeth Baker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Guy L. Lackey, Edgewood, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Coronary Sclerosis Cardio vascular

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Bronchial Pneumonia

DUE TO

(c) Cachexia

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to Sept 15, 1954, that I last saw the deceased alive on Sept 13, 1954, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE Charles F. Kelly M.D. (Degree or title) ADDRESS 110 Bramble Lane Towson 4, Md. DATE SIGNED 9/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 18, 1954 NAME OF CEMETERY OR CREMATORY Trinity Lutheran LOCATION (City, town, or county) (State) Joppa, Harford, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 18 1954 REGISTRAR'S SIGNATURE Mame M Mondadale

24. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son, Abingdon, Md.,

VS. A15

RECEIVED
SEP 21 1954
BUREAU V. S.

08488

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08500

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (In this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit — OTR-2
STREET ADDRESS (If rural, give location) 268 N. Main

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Franklin	C	Benjamin	Sept.	27	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W	Married	10/26/10	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Quartermaster Boat Service
10b. KIND OF BUSINESS OR INDUSTRY: U.S.N.T.C.
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hazlett C. Benjamin Sr.
14. MOTHER'S MAIDEN NAME: Lillie Chambers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 216-01-6618
17. INFORMANT AND ADDRESS: Jessie Johnson Benjamin, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3-4 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Sept 27, 1954, that I last saw the deceased alive on 9-21, 1954, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. L. Richards	M.D.	Port Deposit, Md.	9-29-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-1-1954	Lafewell	Port Deposit, Md. Local

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 30-54	A. L. Lewis M.D.	Wm. A. Patterson & Son	Perryville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08500 **CERTIFICATE OF DEATH** Reg. Dist. No. 085 0182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) N. (Last) Balth

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: May 12 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore Md,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Balth

14. MOTHER'S MAIDEN NAME: Mary Dearker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs Walter Young Darlington, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
154X Immediate cause	(a) Carcinoma of Rectum DUE TO	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized Metastasis DUE TO	2yr
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	No	

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 54, to Sept 17, 19 54, that I last saw the deceased alive on Sept 17, 19 54, and that death occurred at 1.30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Malcolm Dudley Phillips MD Darlington Md 9/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Town, or county) (State)

Burial Sept. 19 1954 Friendship Cem Harford Co. Md,

DATE REC'D BY LOCAL REGISTRAR Sept. 19, 1954 REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR ADDRESS

H. S. Bailey Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08502

08501

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen PG
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USA Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 718 Stoke St

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) RAYMOND (Last) BOOTH

4. DATE OF DEATH: (Month) Sep (Day) 4 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sep 4, 1954

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 10 Min. 12

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): USA Hospital Aberdeen Proving Ground, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas E Booth

14. MOTHER'S MAIDEN NAME: ~~Ockey~~ Lue Fern Ockey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: ~~Mother~~ Capt 2151-1 USAH Aberdeen PG, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X

Immediate cause (a) Prematurity.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NA

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NA — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NA — (CITY OR TOWN) NA — (COUNTY) — (STATE)

TIME OF INJURY (Month) NA (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ NA — HOW DID INJURY OCCUR? NA

22. I hereby certify that I attended the deceased from 4 Sept., 1954, to 4 Sept., 1954, that I last saw the deceased alive on 4 Sept., 1954, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton Grady Capt. MC - 2151-1 USAH - APG, Md. 4 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 9-6-54 — **NAME OF CEMETERY OR CREMATORY** Angel Hill — **LOCATION** (City, town, or county) Havre de Grace — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 6-1954 — **REGISTRAR'S SIGNATURE** Nellie L. Perry

24. FUNERAL DIRECTOR R. Madison Mitchell — **ADDRESS** Havre de Grace, Md.

2094202271

RECEIVED
SEP 8 1954
BUREAU V. S.

08502

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08503

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (rural) | LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Augustus (Middle) Clemons (Last) Brinker

4. DATE OF DEATH: (Month) 9- (Day) 18- (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 16, 1887

9. AGE last birthday: 67 yrs. | If under 1 year: Months 6 | Days 2 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Egg & Poultry

11. BIRTHPLACE (State or foreign country): Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustus C. Brinkley

14. MOTHER'S MAIDEN NAME: Mary McCauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-34-7569

17. INFORMANT AND ADDRESS: Mrs. Joseph Cole, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis. — 55 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary sclerosis. — 5 yrs.

(c) Hypertensive cardiovascular disease. — Prob. 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 31, 19 52, to Sept. 18, 19 54, that I last saw the deceased alive on Sept. 18, 19 54, and that death occurred at 10.05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Paul R. Brinker M.D. | Forest Hill, Maryland | 9-20-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept 21, 1954 | NAME OF CEMETERY OR CREMATORY: Centre | LOCATION (City, town, or county) (State): Forest Hill, Harford Co. Md

DATE REC'D BY LOCAL REG. 9-20-54 | REGISTRAR'S SIGNATURE: Pauline Foxwood

24. FUNERAL DIRECTOR | ADDRESS: Martin D. Kurtz, Jarrettsville, Md.

SEP
BUREAU V. S.

08503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08504

Reg. Dist. No. 186

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bel Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
STREET ADDRESS (If rural, give location) Bel Air Road

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Chandler (Last) Conrad

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 29 1878

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington Conrad

14. MOTHER'S MAIDEN NAME: Ellen S. Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Henry Darring 2nd

18. MEDICAL CERTIFICATION — Havre de Grace, Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4321

Immediate cause (a) Uremia Selerotic Cirotic-Nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic
(c) Prostatic Enlargement (Contributed)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1954, to Sept 12, 1954, that I last saw the deceased alive on Sept 12 1954, and that death occurred at 2:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C Conrad Feltey MD — ADDRESS: Havre de Grace, Md — DATE SIGNED: 9/12/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 15 1954	South Getson Cem.	Harford Co.	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 12-54	A. L. Lewis M.D.	H. Madison Mitchell	Havre de Grace. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 08489

08505

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; MARYLAND; LENGTH OF STAY (in this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 636 Rock Spring Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Md; STREET ADDRESS (If rural, give location) 636 Rock Spring Rd

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) DAUGHTON

4. DATE OF DEATH: (Month) SEPT (Day) 1 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, (WIDOWED), DIVORCED.

8. DATE OF BIRTH: MAY 14, 1860

9. AGE last birthday: 94 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN R. DAUGHTON

14. MOTHER'S MAIDEN NAME: MARY JANE PRUITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MARY FRANCES DAUGHTON, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cerebral Vascular Accident	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Senile debelity	13 mos
(c)	Fractured left, left.	25 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 19 54 to Sept 1, 19 54 that I last saw the deceased alive on Sept 1, 19 54 and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Philip W. Newman M.D | Bel Air, Md | Sept 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Sept 4, 1954 | NAME OF CEMETERY OR CREMATORY Jarrettsville | LOCATION (City, town, or county) Jarrettsville, Harford Co. (State) Md

DATE REC'D BY LOCAL REG. 9-3-54 | REGISTRAR'S SIGNATURE Priscilla Lockwood | 24. FUNERAL DIRECTOR Martin L. Kurtz | ADDRESS Jarrettsville, Md

MARGIN RESERVED FOR BINDING

08490

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08506

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Md — LENGTH OF STAY (in this place) one year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts — COUNTY Middlesex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winchester
STREET ADDRESS (If rural, give location) 23 Largent Road

3. NAME OF DECEASED (Type or Print): (First) CLEMMIE (Middle) (Last) DOUB
4. DATE OF DEATH: (Month) SEPT (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)
8. DATE OF BIRTH: Sept 13 1867
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Little Cove, Penna.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George J. Roffenberger
14. MOTHER'S MAIDEN NAME: Sara Ann Doub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS: Early Doub 23 Largent Road Winchester, Mass

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	one hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Disease in Congestive Failure	over 5 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arterio sclerosis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Sept 9, 1954, that I last saw the deceased alive on Sept 9, 1954, and that death occurred at 5:40P m., from the causes and on the date stated above.

SIGNATURE: Philip W. Duncan (Degree or title) M D — ADDRESS 307 Hickory Ave. Bel Air, Md. — DATE SIGNED 9 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 13, 1954 — NAME OF CEMETERY OR CREMATORY: Boonsboro Mausoleum — LOCATION (City, town, or County): Washington Co. — (State) Md.

DATE REC'D BY LOCAL REG.: Sept 10, 1954 — REGISTRAR'S SIGNATURE: C. H. Kirk — 24. FUNERAL DIRECTOR: Wm. F. Bart — ADDRESS: Boonsboro, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08507

08504

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
LENGTH OF STAY (in this place) 10 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Magnolia Rd.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Box 622 R.F.D. #2 Joppa
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Willard (Last) Fleetwood
4. DATE OF DEATH: (Month) SEPT. (Day) 1 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 31, 1867
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stationery Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Fleetwood
14. MOTHER'S MAIDEN NAME: Annie M. Wright
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Charlton R. Fleetwood 2216 Garrison Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	CARDIO-RESPIRATORY FAILURE	1 WEEK
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	ADVANCED ARTERIOSCLEROSIS	3 YEARS
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC., 1951, to 1 SEPT., 1954; that I last saw the deceased alive on 28 AUG., 1954, and that death occurred at 5:00 A. M., from the causes and on the date stated above.
SIGNATURE (Degree or title) N. P. Sidwell M.D. ADDRESS Bel Air, Md DATE SIGNED 1 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-4-1954
NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery
LOCATION (City, town, or county) (State) Centreville, Md.
DATE RECD BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,

VS. A15

08491 MARYLAND STATE DEPARTMENT OF HEALTH 08508

2411 N. Charles Street, Baltimore

Item 1: Film G172 11/5/54 dm

CERTIFICATE OF DEATH

Reg. Dist. No. 185

Item 8. Film J71 10-11-54 at - Date of Birth; 10-22-78

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
STREET ADDRESS R. F. D. #1 (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bennett (Middle) S. (Last) Ford Jr.

4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Oct. 22nd 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ford.

14. MOTHER'S MAIDEN NAME: Elizabeth Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-14-3933

17. INFORMANT AND ADDRESS: Bennett S. Ford Jr. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary embolism Related

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gastric carcinoma

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1954, to Sept 26, 1954, that I last saw the deceased alive on Sept 26, 1954, and that death occurred at 8:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. K. Hradek Havre de Grace 9-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 30, 54

NAME OF CEMETERY OR CREMATORY: Spesutia Cem

LOCATION (City, town, or county) (State): Harford Co Md

DATE REC'D BY LOCAL REG.: Sept 30-1954

REGISTRAR'S SIGNATURE: A. K. Lewis M D

24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: Havre de Grace, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 1 1
BUREAU

08492

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08509

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry Burgess (Last) Ford

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 13-1892
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman
10b. KIND OF BUSINESS OR INDUSTRY: Fishing
11. BIRTHPLACE (State or foreign country): North East Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Edwin Ford
14. MOTHER'S MAIDEN NAME: Ellen F. Shallcross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 215-18-0693
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anasarca with pedunculated edema — Interval between onset and death: 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart Disease — 2 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23, 1954, to 9/4, 1954, that I last saw the deceased alive on 9/4, 1954, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or Title)	ADDRESS	DATE SIGNED
Frederick Hatem	M.D.	17 W. Pitts. St. Aberdeen Md.	9/4/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-8-1954	Methodist	North East Cecil Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 10-54	C. L. Lewis M.D.	Joseph R. Thomas	North East Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND 08493

08510

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 19

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen | LENGTH OF STAY (in this place) about 2-3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Market St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 17 Market St

3. NAME OF DECEASED (Type or Print): (First) Dracy (Middle) B. (Last) Grafton
4. DATE OF DEATH: (Month) Sept (Day) 1st (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 27th 1913
9. AGE last birthday: 41 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Major Todd
14. MOTHER'S MAIDEN NAME: Eva Sloan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Corbin W. Grafton 17 market St. Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) INTERNAL HEMORRHAGE — Interval between onset and death: 2 DAYS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ADENOCARCINOMA, STOMACH, WITH WIDE METASTASES — 8 MONTHS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 15 1951 to SEPT. 1st 1954, that I last saw the deceased alive on SEPT. 1st 1954 and that death occurred at 7.35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Brown McDonald M.D. ADDRESS Aberdeen, Md. DATE SIGNED 9-3-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Sept. 5, 1954 | NAME OF CEMETERY OR CREMATORY: Bakers Cemetery | LOCATION (City, town, or county): Aberdeen | (State): Md.

DATE REC'D BY LOCAL REG.: Sept 5-54 | REGISTRAR'S SIGNATURE: Nellie K. Levy

24. FUNERAL DIRECTOR: Henry Harris & Sons, Aberdeen Md. ADDRESS

08494

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08511 — 705

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) Dorsey Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) B. (Last) Hooks

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 9-18-54

9. AGE last birthday: 10 days — IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Hooks

14. MOTHER'S MAIDEN NAME: Pearl Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: James Hooks, Dorsey Ave, Aberdeen, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

493X

Immediate cause (a) Pneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Malnutrition and Dehydration

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1954, to 9/28, 1954, that I last saw the deceased alive on 9/25, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE George J. Standway, M.D. (Degree or title) ADDRESS Havre de Grace, Md DATE SIGNED 9/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/30/54 | NAME OF CEMETERY OR CREMATORY: Union Methodist Cemetery | LOCATION (City, town, or county): W. Aberdeen, (State): Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 30-1954 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D. | 24. FUNERAL DIRECTOR: Miles J. Bullock | ADDRESS: Havre de Grace, Md.

RECEIVED
OCT 1
BUREAU V. S

08505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08512

CERTIFICATE OF DEATH

Reg. Dist. No. 185

Item 8 FilmG172 10-25-54 et

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galston
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 2 Box 125

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galston
STREET ADDRESS (If rural, give location) R.F.D. 2 Box 125

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Hrubes

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 8-29-1882

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool & Die Maker

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Bohemia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hrubes

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-03-5435

17. INFORMANT AND ADDRESS: Chas. F. Hrubes, Galston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca Lung — Interval Between Onset and Death: 3 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1954, to 9-13, 1954, that I last saw the deceased alive on 9-13, 1954, and that death occurred at 330 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jred B Hodous M.D Edgewood. Md 9-14-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9-16-1954

NAME OF CEMETERY OR CREMATORY: Dub Hill

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 9-15-54

REGISTRAR'S SIGNATURE: H W Hedrick

24. FUNERAL DIRECTOR: Gorsuch & Son

ADDRESS: 900 N Charles St

over

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08513

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 801 Ontario St.

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) Belle (Last) Klair

4. DATE OF DEATH (Month) September (Day) 29 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 1/5/1872

9. AGE last birthday 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Werner

14. MOTHER'S MAIDEN NAME Regina Sitzler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. Dorothy Spencer

18. MEDICAL CERTIFICATION Havre de Grace, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Thrombosis

(c) Myocardial Degen. (Sen Senility)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1954, to 9/29, 1954, that I last saw the deceased alive on 9/29, 1954, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Breeden — ADDRESS Havre de Grace, Md. — DATE SIGNED 9-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 2, 1954 — NAME OF CEMETERY OR CREMATORY Angel Hill Cem — LOCATION (City, town, or county) Havre de Grace — (State) Md.

DATE REC'D BY LOCAL REG. Sept. 30-1954 — REGISTRAR'S SIGNATURE C. L. Lewis M.D. — 24. FUNERAL DIRECTOR H. Madison Mitchell — ADDRESS Havre de Grace, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 1 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08506

CERTIFICATE OF DEATH

08514 Reg. Dist. No. 82

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper X Roads

LENGTH OF STAY (in this place): 29 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper X Roads

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) VIVIAN (Middle) W. HENLEY (Last) KROPFF

4. DATE OF DEATH: (Month) SEPT (Day) 17 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F.	White	Married	April 19, 1908	46 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housekeeping	N. Caroline	U.S.A.

13. FATHER'S NAME: Gotham Watson

14. MOTHER'S MAIDEN NAME: Margaret Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS
	—	Lawrence O. Kropff, Fallston, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) CARDIO-RESPIRATORY FAILURE	4 HOURS
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) APOPLEXY	4 HOURS
	DUE TO (c) HYPERTENSION (SEVERE)	4 YEARS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.		

22. I hereby certify that I attended the deceased from ....., 1950, to Sept ..., 1954, that I last saw the deceased alive on 17 Sept ..., 1954, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. P. Sidwell M.D.	Bel Air Md	Sept 17 1954

23. BURIAL, CREMATION, REMOVAL · (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 20, 1954	Upper X Roads Baptist	Upper X Roads, Harford Co. Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR (ADDRESS)
9-18-54	Priscilla Forwood	Martin L. Kurtz, Jarrettsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP
BUREAU U. S.

08507

08515
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 182

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fleet Bel Air
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walters Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Green

3. NAME OF DECEASED: (First) Clara (Middle) (Last) LeFFler
4. DATE OF DEATH (Month) September (Day) 25 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Aug. 2 1879	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired	Dry Goods Store	Havre de Grace	U.S.A.

13. FATHER'S NAME: Albert Leffler
14. MOTHER'S MAIDEN NAME: Elizabeth Moseman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No	none	Wm. Leffler D. Washing, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lewis C Palmer M. D. ~~CHIEF MEDICAL EXAMINER~~ ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9/27/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/28/54	Angel Hill	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	M. FUNERAL DIRECTOR	ADDRESS
9/29/54	Priscilla Forwood	Pennington & Son	Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08496 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08516

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; MARYLAND LENGTH OF STAY (in this place) 6 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 N. Union Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) 400 N. Union Ave.

3. NAME OF DECEASED: (First) Agnes (Middle) MacPhail (Last) Nevin

4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Oct. 27 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Linsay MacPhail

14. MOTHER'S MAIDEN NAME: Rubina Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Agnes Nevin Bollinger Havre de Grace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage - Embolism — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — DUE TO (c) Arteriosclerosis.

Interval Between Onset And Death: (a) Days; (b) 1 yr; (c) 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Sept. 5, 1954, that I last saw the deceased alive on Sept. 5, 1954, and that death occurred at 1.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Wolbert M.D. ADDRESS Havre de Grace DATE SIGNED Sept 6. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Sept 8 1954; NAME OF CEMETERY OR CREMATORY Angel Hill; LOCATION (City, town, or county) Havre de Grace; (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 7-1954; REGISTRAR'S SIGNATURE G. L. Lewis M.D.

24. FUNERAL DIRECTOR R. Madison Mitchell; ADDRESS Havre de Grace Md.

SEP
BUREAU V. S.

08508

MARYLAND STATE DEPARTMENT OF HEALTH

08517

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Havre de Grace
   LENGTH OF STAY (in this place): Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Robinhood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Havre de Grace
   STREET ADDRESS (If rural, give location): Robinhood Road

3. NAME OF DECEASED (Type or Print): (First) Jess (Middle) Allen (Last) Payne

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 13 1952

9. AGE last birthday: 2 yrs. — If under 1 year: Months 1, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Payne

14. MOTHER'S MAIDEN NAME: Elizabeth Dalph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. John E. Payne Havre de Grace Md. R.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Aberdeen (COUNTY): Harford (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 9/24/54 10 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell in the water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Lewis C Palmer M.D. Deputy Medical Examiner Bel Air, Md. 9/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept 26 54
NAME OF CEMETERY OR CREMATORY: Angel Hill Cem.
LOCATION (City, town, or county) (State): Havre de Grace Md

DATE REC'D BY LOCAL REG.: Sept 26-54
REGISTRAR'S SIGNATURE: Melvin L. Perry

24. FUNERAL DIRECTOR: R. Madison Mitchell
ADDRESS: Havre de Grace, Md.

SEP

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08518

03509

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: HARFORD — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: CARDIFF
LENGTH OF STAY (in this place): 51 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CARDIFF
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) ROBERTS

4. DATE OF DEATH: (Month) SEPT. (Day) 27, (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: APR. 5, 1882

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CARNAARVONSHIRE, WALES

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: JOHN J. ROBERTS, CARDIFF, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
44dX Immediate cause	(a)	Arteriosclerotic heart disease	6 mo.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertensive cardio vascular renal disease	1 yr.
	DUE TO		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-30, 19 54, to 9-27, 19 54, that I last saw the deceased alive on 9-26, 1954, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE: Charles C. Duff M.D. (Degree or title) — ADDRESS: Street — DATE SIGNED: Md 9.28 54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 10-1-54 — NAME OF CEMETERY OR CREMATORY: SLATEVILLE — LOCATION (City, town, or county) (State): DELTA, PA.

DATE REC'D BY LOCAL REGISTRAR: 9/29/54 — REGISTRAR'S SIGNATURE: Priscilla Inwood

24. FUNERAL DIRECTOR: JOHN H. HARKINS, DELTA, PA. — ADDRESS

08497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08519

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE.
LENGTH OF STAY (In this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE — STAR ROUTE
STREET ADDRESS (If rural, give location) STAR ROUTE — R.F.D.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ETTA (Last) SAMUELSON

4. DATE OF DEATH: (Month) SEPT (Day) 22 (Year) 1954

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 1/22/1904

9. AGE last birthday: 50 yrs. If under 1 year: Months 8, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Pittsburg Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Mc Ginn

14. MOTHER'S MAIDEN NAME: Jane Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Carl A. Samuelson, Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) RESPIRATORY FAILURE	1 HOUR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMATOSIS	5 MONTHS
	(c) LYMPHO SARCOMA OF UTERUS	—

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: 1 JUNE 54

19b. MAJOR FINDINGS OF OPERATION: LYMPHO-SARCOMA OF UTERUS WITH METASTASIS

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE): — — —

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from — 1950, to 22 SEPT, 1954, that I last saw the deceased alive on 22 SEPT, 1954, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

SIGNATURE: R R Norment — (Degree or title) MD — ADDRESS: Havre de Grace Md — DATE SIGNED: 9-22-54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 9/25/54

NAME OF CEMETERY OR CREMATORY: Darlington

LOCATION (City, town, or county) (State): Darlington Md.

DATE REC'D BY LOCAL REG.: Sept 25-1954

REGISTRAR'S SIGNATURE: G. F. Lewis M.D.

24. FUNERAL DIRECTOR: Cunningham & Son — ADDRESS: Havre de Grace, Md.

08510

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08520 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

1. PLACE OF DEATH
COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt #40

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 614 Law St.

3. NAME OF DECEASED: (First) Margaret (Middle) L (Last) Schultz
4. DATE OF DEATH (Month) (Day) (Year) September 21 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	July 20-1923	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
Housewife	Home	North Carolina	U.S.A.

13. FATHER'S NAME: Alfred A. Bedwell
14. MOTHER'S MAIDEN NAME: Zella Toggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	—	218-14-5922	Albert J. Schultz - Aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture skull — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH	21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY U.S. Rt. 40	21c. (City or town) (County) (State) Aberdeen Harford md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/21/54 11P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Auto accident auto-pedestrian type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ ☒
DATE SIGNED 9/22/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/25/54	Oak Grove Cemetery	Bel Air R.D. maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 25-1954	Willie I. Gray	John G. Tarring	Aberdeen md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08511

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08521

CERTIFICATE OF DEATH

Reg. Dist. No. 18-1

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Level

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
STREET ADDRESS (If rural, give location) Level

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alfred	F.	Sheridan	Sept.	27	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Feb. 4 1884	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Time Keeper
10b. KIND OF BUSINESS OR INDUSTRY: C.B. Silver Canning
11. BIRTHPLACE (State or foreign country): Harford County
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Richard Sheridan
14. MOTHER'S MAIDEN NAME: Matilda Gallion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-09-4936
17. INFORMANT AND ADDRESS: Mrs. Hazel A. Sheridan

18. MEDICAL CERTIFICATION R.D. #2 Havre de Grace Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Thrombosis — Unmed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 25, 1954, to Sept 27, 1954, that I last saw the deceased alive on Sept 26, 1954, and that death occurred at 1130 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Malcolm Dudley Phillips MD		Darlington Md	9/28/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 30 1954	Rock Run Cemetery	Harford County	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 29, '54	Bertha B. Knight	R. Madison Mitchell	Havre de Grace, Md.

RECEIVED
OCT 4 1954
BUREAU V. S.

VS. A15—10-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

03512

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 18522

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH
COUNTY Harford. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryman. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mitchell Canning Co.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen.
STREET ADDRESS (If rural give location) Box 55

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) S. (Last) Stansbury

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/1/1898

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Penna. R.R.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stansbury

14. MOTHER'S MAIDEN NAME: Marie Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Ed. S. Stansbury Box 55 Perryman Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Coronary Heart disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Hypertensive Arteriosclerotic Heart disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gastric Ulcer

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1950 to 9/15, 1954, that I last saw the deceased alive on 9/14, 1954, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE George I. Stansbury M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 9/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9/17/54 NAME OF CEMETERY OR CREMATORY Mt Calvary LOCATION (City, town, or county) (State) Aberdeen, Maryland.

DATE REC'D BY LOCAL REGISTRAR Sept 17-54 REGISTRAR'S SIGNATURE Nellie R. Perry 24. FUNERAL DIRECTOR ADDRESS John E. Tarring Aberdeen Md.

RECEIVED
SEP 20 1954
BUREAU V. S.